

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO 10/625,092 FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11						
12		1				
13		2				
14		2				
15		2				
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50						
TOTAL IND.	2		2			
TOTAL DEP.	30		46			
TOTAL CLAIMS	32		48			

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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